

At that meeting Dr. P. GUTTMANN showed a specimen of a milky-looking fluid which he had removed, by puncture, from the abdomen of a boy aged 10. The patient had enjoyed perfect health till three years ago, when fluid began to collect in the abdominal cavity; in February, 1880, this fluid, which had the same general characters as that exhibited, was removed by v. Langenbeck. In the following April Dr. Guttman repeated the operation, withdrawing 6350 grammes of fluid. When examined, this was found to contain abundance of fat and albumen; under the microscope it was seen to consist of innumerable fine molecules which, on the addition of ether, ran together into unmistakable fat drops. It was, in fact, simply chyle. Fourteen days later the patient was seized with severe pains in head and neck, became drowsy, and died on 4th May. An abscess as large as a walnut was found in the posterior half of the left occipital lobe of the brain; there was also non-tubercular meningitis in the region of the medulla oblongata. In the abdominal cavity were 2000 grammes of the milky fluid already described. With the exception of chronic non-tubercular peritonitis, which had given rise to extensive adhesions of the intestines to each other, and to neighbouring structures, the abdominal organs presented nothing abnormal. No distension of the lacteal vessels was discovered; but the patient had for several days taken no food. The thoracic duct in its whole length was empty and quite pervious. From these facts Dr. Guttman formed the opinion that in this case the transudation of chyle was not caused by compression or obstruction of the lacteals, but by actual disease, and consequent undue permeability, of the walls of those vessels. The chylous transudation was neutral in reaction, of sp. gr. 1022, and without smell. Under a magnifying power of 350 diameters it showed almost nothing except extremely fine and closely packed granules, with a very few round cells. It was, therefore, obviously chyle which had not passed through the lymphatic glands, otherwise the number of round cells (lymphatic corpuscles) would have been much greater. Chemically, the fluid was found to contain 5.25 per cent. of fat, which solidified at the ordinary temperature; it also contained 3.5 per cent. of albumen. This latter fact is of physiological interest, as it proves that all the albumen introduced into the stomach is not transformed into peptone, but that a certain proportion of it passes unchanged into the chyle. No trace of peptone or of saccharine ferment was found in the fluid. It is here noted that all the cases of this diseased condition hitherto published (very few in number) are collated and summarized by Quineke, in an article on "Fatty Transudations," in *Deutsches Archiv f. Klin. Med.*, vol. vi.; in his own case and in all the others the transudation was invariably found to be dependent either on perforation or on compression of the lacteals.—*Glasgow Med. Journal*, Sept. 1880, from *Berliner Klin. Wochenschrift*, No. 29, 1880.

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Oxide of Zinc in Diarrhœa.

M. COUSIN publishes in the *Marseille Médical*, a paper which confirms the excellent results obtained by Gubler and Bonamy from the use of oxide of zinc in diarrhœa. The majority of cases treated were obstinate and chronic, characterized by abundant and numerous dejections; some were due to simple intestinal catarrh, whilst others were caused by improper food or by cold, others again being symptomatic of tuberculosis. In each case various remedies (opiates, astringents, anti-cathartics, etc.) had been employed without result. M. Roux resorted finally to oxide of zinc, which yielded marked and rapid effects; thus diarrhœa of six, four, and three months' standing, was favourably modified within a few days after the administration of the first doses of this remedy. The formula employed, which is the same as that of Gubler and Bonamy, is as follows; Oxide of zinc, 3 grams 50 centigrams; bicarbonate of soda, 0 grams 50 centigrams

Make into four powders, one powder to be taken every three hours. The union of the soda bicarbonate with the oxide of zinc causes the latter to be more readily tolerated.—*Practitioner*, Aug. 1880, from *Le Progrès Médical*, July 3, 1880.

SURGERY.

Perforating Tuberculosis of the Roof of the Skull.

R. VOLKMANN (*Centralblatt für Chirurgie*, 1880, No. 1) has had the opportunity of observing about twelve almost typical cases of this comparatively rare affection. It consists in a process of caseation leading to melting and necrosis of the cranial bones, together with purulent separation of the dura mater, as well as of the external periosteum, which, however, always affects only one spot of the roof of the skull. A tolerably large abscess is formed externally, mostly with ill-defined symptoms; its internal surface, after spontaneous or artificial evacuation of the cheesy pus, was lined with numerous granulations concerning caseous miliary tubercles, the bony tissue being also of cheesy consistence at a spot as large as a pea, often in the form of a small sequestrum, of the entire thickness of the cranium. If left alone, the diseased parts heal extremely slow, the caseous change may progress, and in many cases pus is accumulated between the cranium and dura mater. The author has, therefore, in four cases, after freely laying open and evacuating the external abscess under antiseptic precautions, trephined the affected bone, and scraped out the dura mater as far as it was fungous. The result has been very favourable with regard to the course of the wound. The true healing, however, was very protracted in half of the cases thus treated. The cranial integument, which had been detached by the abscess, always united directly.—*London Med. Record*, August 15, 1880.

Extirpation of a Naso-pharyngeal Polypus by the Palatine Method.

This case was communicated by CRUVEILHIER at the Société de Chirurgie de Paris (*Bulletin et Mémoires*, April 5th, 1880). A young man aged 17 had suffered for over two years from obstruction of, and frequent hemorrhage from the right nostril. On examination, a tumour was found occluding the right nostril and filling the posterior part of the nasal fossæ, where it could be felt by introducing the finger behind the soft palate. The palatine arch appeared convex. There was no deformity of the face, nor protrusion of the right eye, but there was some slight epiphora. The palate was divided in the middle line, exposing the polypus, which was then seized by the forceps and extracted. The hemorrhage was so excessive that the patient fainted. The polypus was very large, and presented two distinct lobes: one was attached to the pterygoid plate of the sphenoid, the other to the basilar process of the occipital bone, which was so eroded that it was feared the tumor had penetrated into the interior of the skull. The patient progressed steadily, and was discharged a month and a half afterwards. The gap in the palate, which extended almost as far forwards as the anterior palatine foramen was closed about a year after the operation by Ferguson's method. Owing to the constant flow of mucous down the back of the throat, which had existed since the extraction of the tumour, the union did not take place by the first intention; but, by bringing the granulating surfaces as much into contact as possible, and filling up the gap that remained with the uvula, a restoration of the palate was finally accomplished.—*London Med. Record*, August 15, 1880.